

| POSITION                  | INITIALS    | ID NO.            | DATE           |
|---------------------------|-------------|-------------------|----------------|
| FEE DETERMINATION         | <i>D.B.</i> | <i>2000-01-24</i> | <i>1/24/00</i> |
| O.I.P.E. CLASSIFIER       |             | <i>48</i>         |                |
| FORMALITY REVIEW          |             |                   |                |
| RESPONSE FORMALITY REVIEW | <i>OX</i>   | <i>(91/25)</i>    |                |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim    | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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